HUDSON VALLEY RADIOLOGY ASSOCIATES

CT/MR CONTRAST SCREENING POLICY
EFFECTIVE 5/18/23

CT Renal Screening

MR Renal Screening for Eovist only (no screening required for normal dose Clariscan/Dotarem)

Section I

Patients whose current medical history include one or more of the following should have kidney function eGFR screening:

1) Medically treated for diabetes
2) Metformin user
3) History of Renal disease
   - Acute kidney disease
   - Chronic kidney disease
   - Proteinuria
   - History of renal surgery or ablation

Section II

- If the answer is **NO** to any items in Section I and there is not a request to draw blood work, proceed with the normal dose of contrast. If there is a request for blood work to be drawn, it will need to be done and eGFR will need to be calculated. If the patient brings outside lab work with them, eGFR will need to be calculated.
- If the answer is **YES** to any items in Section I, blood work will need to drawn or outside lab work attained and eGFR will need to be calculated.
- If the patient is on dialysis, they may still get contrast but the exam must be schedule the day before or same-day before dialysis.
- Outpatient labs are valid for 60 days.

Section III

- If the calculated eGFR is 30 and greater, the normal dose of contrast should be given.
- If the calculated eGFR is less than 30, a radiologist needs to be consulted as to whether or not contrast should be given. Radiologist will do a risk/benefit analysis. Low eGFR is not an absolute contraindication to contrast.

Allergy Screening (CT/MR)

- If the patient has had a **mild to moderate** allergic reaction (e.g. hives, itchy throat, sneezing) to prior contrast of the same type (CT or MR) they should be pre-medicated.
- If the patient has had a **SEVERE** reaction to same contrast type (CT or MR) e.g. vascular collapse, swollen tongue or any reaction requiring treatment in an emergency room, they should be scheduled at a hospital.
- If the patient is currently having acute (active) symptoms of Asthma, they should be scheduled in a hospital.

- Recommended premedication protocol
    - Methylprednisolone (Medrol) 32 mg 12 h and 2 hr prior to exam.
    - We do not recommend Benadryl pre-medication.
- The following common allergies do not require pre-medication:
    - Single or multiple mild to moderate food allergies including shellfish, nuts, strawberries, etc.
    - Any allergy to Betadine.
    - Prior mild to moderate MRI contrast allergy does not require CT contrast premedication.
    - Prior mild to moderate CT contrast allergy does not require MR contrast premedication.

Fasting (CT/MR)

- Administration of contrast is not by itself an indication for fasting.
- Fasting may still be required for certain studies that include the gallbladder, bile ducts and bowel in the field of view. This would be documented in the exam protocol. If patient does eat prior to these exams, for whatever reason, exam should be performed.

Breast Feeding (CT/MR)

- Because of the very small percentage of iodinated contrast medium and gadolinium-based contrast medium that is excreted into the breast milk and absorbed by the infant's gut, we believe that the available data suggest that it is safe for the mother and infant to continue breast-feeding after receiving such an agent.
- Ultimately, an informed decision to temporarily stop breast-feeding should be left up to the mother after these facts are communicated. If the mother remains concerned about any potential ill effects to the infant, she may abstain from breast-feeding from the time of contrast administration for a period of 12 to 24 hours. There is no value to stop breast-feeding beyond 24 hours. The mother should be told to express and discard breast milk from both breasts during that period. In anticipation of this, she may wish to use a breast pump to obtain milk before the contrast-enhanced study to feed the infant during the 24-hour period following the examination.

Resource: ACR Manual on Contrast Media 2023

Approved HVRA group meeting: 5/17/23